

COMPLAINT

(for filers who are prisoners without lawyers)

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF WISCONSIN

(Full name of plaintiff(s))

Michael A. Lee Jr

v.

Case Number:

(Full name of defendant(s))

(to be supplied by Clerk of Court)

Darwin W. Chentnick

Doc / Health Services / Optical / RCI

MD. Prapth P. Kuber

A. PARTIES

1. Plaintiff is a citizen of Wisconsin and is located at
(State)

Dodge Correctional Institution P.O. Box 700 Waupun WI 53983
(Address of prison or jail)

(If more than one plaintiff is filing, use another piece of paper.)

2. Defendant Darwin W. Chentnick
(Name)

is (if a person or private corporation) a citizen of WISCONSIN

(State, if known)
and (if a person) resides at 2019 Wisconsin St Sturtevant WI 53177
(Address, if known)
and (if the defendant harmed you while doing the defendant's job)
worked for D.O.C Racine Correctional /optical 2019 Wisconsin St Sturtevant WI 53177
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

Racine Correctional
Mr. Darwin (optical) over ruled the pharmacy's "Red Flag" on a
medication that was noted I had an allergic reaction to. On 1/15/2020
Dr. Kubler (RCI) ordered a Solumedrol (Steroid) shot and Prednisolone
Forte 1% Eye drops. Due to an allergic reaction of the Solumedrol
shot, the pharmacy "Red flagged" and discontinued the order for Prednisolone
eye drops. On 2/11/2020 Mr. Darwin Re-ordered the eye drops while
having knowledge of the "warning" from the pharmacy because both
shot and eye drops are of the same component. Dr. Kubler initially,
ordered the Solumedrol shot & Eye drops to relax the muscles in Mr. Lee's
left eye. And the eye drops were prescribed to use after the shot -
Due to Mr. Lee having the Allergic reaction to the shot,

causing Mr. Lee to be rushed to a Near by Hospital of Prison
Correctional institution. while being evaluated by the Hospital
it was noted ~~noted~~ indeed that Mr. Lee suffered an allergic reaction.
And it was ordered that Mr. Lee discontinued the Pred Forte eye drops.
On 2/19/2020 Mr Chentrik, of RCI optical, told Mr. Lee to continue
to use the Eye drops, and if another allergic reaction occurs, discontinue
using it. Mr. Darwin W. Chentrik reason for over riding
Pharmacy warning / Red Flag / Discontinue using is because he
is licensed and this is what he specialized in, seeing those
credentials, he felt the shot (solu-medrol) and the Eye drop (pred-forte)
were of different components

(Also Noted:)

The Prisoners Grievance system accepted my inmate complaint
back in 2020. The Complaint Number is - RCI-2020-4129

Date Complaint Acknowledged: 3/6/2020

Date Complaint Received: 3/6/2020

C. JURISDICTION

☒ I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR

☐ I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$_____.

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

I would like for the D.O.C. to relieve parties involved of their duties and I would like an award of money for pain and suffering, future medical expenses (surgery if needed), and pay for counseling as well. I'd also like for there to be some change in policy so this could be avoided for others.

E. JURY DEMAND

I want a jury to hear my case.

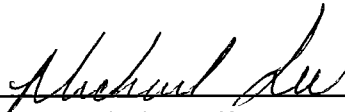
☒ - YES

☐ - NO

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 18th day of November 2021.

Respectfully Submitted,


Signature of Plaintiff

505955
Plaintiff's Prisoner ID Number

Bridge Correctional Institution P Box 700

Wapam WA 53963
(Mailing Address of Plaintiff)

(If more than one plaintiff, use another piece of paper.)

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FULL FILING FEE

☒ I **DO** request that I be allowed to file this complaint without paying the filing fee. I have completed a Request to Proceed in District Court without Prepaying the Full Filing Fee form and have attached it to the complaint.

☐ I **DO NOT** request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.